

<!-- /* Style Definitions */ p.MsoNormal, li.MsoNormal, div.MsoNormal {mso-style-parent:""; margin:0in; margin-bottom:.0001pt; mso-pagination:widow-orphan; font-size:12.0pt; font-family:"Times New Roman"; mso-fareast-font-family:"Times New Roman";} h1 {mso-style-link:"Heading 1 Char"; mso-margin-top-alt:auto; margin-right:0in; mso-margin-bottom-alt:auto; margin-left:0in; mso-pagination:widow-orphan; mso-outline-level:1; font-size:24.0pt; font-family:"Times New Roman";} span.Heading1Char {mso-style-name:"Heading 1 Char"; mso-style-locked:yes; mso-style-link:"Heading 1"; mso-ansi-font-size:24.0pt; mso-bidi-font-size:24.0pt; mso-font-kerning:18.0pt; mso-ansi-language:EN-US; mso-fareast-language:EN-US; mso-bidi-language:AR-SA; font-weight:bold;} span.articletitle {mso-style-name:article_title;} @page Section1 {size:8.5in 11.0in; margin:1.0in 1.25in 1.0in 1.25in; mso-header-margin:.5in; mso-footer-margin:.5in; mso-paper-source:0;} div.Section1 {page:Section1;} -->

East Brunswick's Linda Bean tells congressional panel more services are needed

[Suburban News](#)

BY LAUREN CIRAULO Staff Writer

East Brunswick resident Linda Bean was recently sworn in at a hearing in Washington, D.C., and gracefully advised a congressional panel on how the Veterans Administration can improve treatment resources for veterans.

Sgt. Coleman Bean Though this was Bean's first time testifying before Congress — the House Subcommittee on Oversight and Investigations, a subcommittee of the larger House Committee on Veterans Affairs — she is no stranger to the struggles many veterans undergo when returning from active duty.

Bean's son, Coleman, took his own life in the early hours of Sept. 6, 2008, at the age of 25, only

a few months after returning from his second tour in Iraq. He had been diagnosed with post-traumatic stress disorder (PTSD) after his first tour, but was called back to duty without receiving treatment.

Coleman Bean was a member of the U.S. Army's Individual Ready Reserve (IRR), with which he had signed a four-year commitment after completing his first tour of duty — one that included combat in Iraq in 2003 and 2004. After he finished his first four-year commitment, he was called back in 2007 and assigned to a unit of the Maryland National Guard, with whom he served his second tour in Iraq.

Coleman was stationed in northern Iraq through much of 2007 and early 2008. Upon returning that May, the Maryland soldiers had access to their National Guard unit's services and were able to obtain help through that unit's resources, but as an IRR soldier, Coleman came home to New Jersey, and that geographic isolation meant that he was not easily able to get that help. His family says he attempted to obtain services through the VA but did not receive them in a timely fashion.

Since her son's death, it has become Linda Bean's mission — and the mission of her family—to increase communication between the VA and returning soldiers in order to provide more resources to those veterans in need of treatment for combat-related mental health conditions like PTSD, and other medical and social issues. The national suicide rate among veterans is staggering, and it is the Bean family's belief that more must be done to save lives. That belief, and that mission, is shared by an increasing number of politicians, care providers and families.

It was that mission that brought her to Washington on July 14 to testify before the House Subcommittee on Oversight and Investigations, which is trying to determine new and innovative ways for the VA to reach out to veterans.

"I received notice about the hearing in sort of a roundabout way," Bean said of her invitation to testify. "They were looking for people who had experience with military suicide, who may be able to contribute concrete ideas. They gathered a lot of different perspectives for the hearing, and members of the committee really paid close attention to what everyone had to say."

During her five-minute testimony and a longer question-and-answer period, Bean explained that

a lack of information about mental health resources is compounded by the stigma associated with seeking treatment and the frequent failure of veterans — or their families and friends — to recognize PTSD symptoms.

“There are many who come home to cities that are far removed from the VA, and simply cannot reasonably access these services,” she said. “But there are also many veterans who are at risk for suicide that would never call themselves suicidal. And some veterans, as you may know, either cannot or will not use VA services.”

For these reasons, Bean said it is imperative that the VA teams up with civilian organizations to ensure that more veterans have immediate access to the widest possible range of mental health care.

“I don’t think the VA will need to look very hard to find community-based organizations that will want to help so much,” she said, noting that there are already a number of organizations that provide counseling, like mental health counseling, free of charge.

Bean noted it would also be easier for friends and family of veterans to seek help if the VA website was simplified.

“Many veterans know how to navigate the website, but it’s not always veterans that are looking for services,” she said. “There needs to be a welcome mat. The website needs to be easy to read and understand. It’s daunting to go through the VA site and look for help.”

She also suggested that newspapers print a box of civilian resources in order to make information more available, and that more be done to help people understand and recognize the symptoms of PTSD.

“As family, you’re so grateful that they’re back with you that you may overlook the fact that they’re drinking too much or they’re irritable or isolated,” Bean said. “You’re not empowered as a mother or a sister or a wife to go to the VA and say that my veteran is in trouble. We need other ways to look for help.

"I believe it is ethical to implement a simple, straightforward public information campaign that is geared specifically to veterans, families and friends that is easy to find and understand," she said. "The suicide hotline number is just not enough."

Prior to Bean's testimony, officials said that the toll-free number, which can be reached at 800-273-TALK, has contributed to the growing success of outreach programs. But Bean would like to take outreach hotlines to another level — she would like to assemble a group of "feisty, tenacious" veterans that could periodically call returning soldiers in order to check up on their mental state and talk if they need to.

"I'd like for the VA to establish a support system made up of veterans to make sure that no one gives up because it was too hard or took too long to get the services they really needed," she said. "We need to encourage veterans to help each other."

Bean noted that the VA system in New Jersey is strong, but that mental health care is provided only at a premium, and it is often difficult to get an appointment in a timely fashion.

"The VA is continuing to introduce new programs and new research, and that is all good and important work, but that has not always been the case," she said. "Veterans will tell you they have had to fight and scrap for every service they have received from the VA."

Before Bean's testimony, committee members, along with officials from the VA and the Defense Department, discussed various ways in which the VA has increased outreach to veterans.

Rep. Harry Mitchell (D-Arizona), who chaired the subcommittee hearing, cited the suicide hotline, as well as a public service announcement with actor Gary Sinise, as improvements to resource availability. He also noted that the VA recently announced it was easing requirements for veterans to meet in order to be treated for PTSD.

"The VA just announced it is easing the evidentiary hurdle needed to clear for soldiers to

receive treatment for PTSD,” he said. “It’s a step in the right direction, but we are here in order to find a more effective outreach strategy.”

Mitchell noted that despite efforts for suicide prevention, the numbers are still daunting. He said that out of 23 million veterans, only 8 million are enrolled for care at the VA. Military suicides accounted for 20 percent of 30,000 suicides in the U.S., and 18 veterans commit suicide every day.

“They are startling figures,” he said.

But many political leaders are hoping to lower these statistics, including Rep. Rush Holt (D-New Jersey). Holt, who accompanied Bean to the hearing, introduced legislation that would fill a void in the military’s suicide prevention efforts among members of the IRR, and for other soldiers who are designated as individual mobilization augmentees (IMAs). The measure, named after Coleman, would require the secretary of defense to ensure that members of the IRR receive a counseling call from trained personnel at least once every 90 days.

“If we can afford to send them to war, then we can afford to give them a few regular phone calls to make sure they’re doing OK, readjusting to civilian life, and if necessary, get the help they need quickly,” Holt said when introducing Bean.

The bill has passed the House, but it is currently stuck in the Senate amid concerns over costs.

Also, just last week, the House passed a Holt amendment to the annual Department of Veterans Affairs appropriations bill directing the VA to spend at least \$20 million on direct advertising and online social media for suicide prevention outreach programs.

Until more progress is made, Bean suggests that if family or friends are concerned about a veteran, they get in touch with a local organization that would be able to provide better resources.

"If a soldier doesn't want to seek help for themselves, pick up the phone and talk to someone who's trained to deal with PTSD," she said. "Learn everything you can."

Bean said there are various organizations, both civilian and veteran, that provide services across the country.

"There are so many people doing some really great work," she said.

For mental health assistance for veterans, Bean recommends contacting the following organizations: The Soldiers Project at 1-877- 576-5343 or www.thesoldiersproject.org , Give An Hour at www.Giveanhour.org , the National Veterans Foundation at 1-888-777-4443, or UMDNJ's veterans hotline at 1-866-838-7654.

As a result of her testimony before Congress, Bean was interviewed about the issue by CBS and NBC for their evening news programs.

Editor's note: Linda Bean's husband and Coleman's father, Greg Bean, is the former executive editor for Greater Media Newspapers.